In re:)) Case No.) Chapter		
	Debtor(s))))		
	PETITION	FOR PAYMENT OF UNCLAIMED FU	NDS	
	NOW APPEARS (petiti	ioner)		
of (co	omplete address)			
		, (name of creditor or per		
funds	s)	became entitled to receive \$	as a	
as the	e owner of these funds. The s as unclaimed funds. Petitioner represents tha	case, and said creditor/person appears on the amount requested is being held in the Treat the she/it is entitled to receive the requested.	reasury of the United	
the fo	ollowing: (Check the box(e	es) that apply):		
Court and as evidenced in		R of said funds, being the owner appearing in (1) the attached document(s) proving its original Proof of Claim filed with the Country of the	dentity and (2) proof of	
()) petitioner is the assignee of the owner's claim to said funds as evidenced in the attached notarized Assignment of Right;			
()	petitioner is the owner's successor in interest, as evidenced in the attached identifying documents;			
()	petitioner is the personal representative of the owner's estate, as evidenced in the attached identifying documents; or			
()	petitioner is named in a	POWER OF ATTORNEY given to he/sh	ne/it by (grantor), valid under the	
		ealth of Massachusetts, that empowers the ped above on behalf of the grantor in the p	1	

Title:		Date:
Signat	ure of I	Petitioner:
Name	of Petit	ioner:
correc	_	
Th	e petiti	oner declares under pains and penalty of perjury that the foregoing is true and
petitio	n.	
petitio	ner on l	behalf of the owner, in accordance with the documents submitted in support of this
_	-	I funds described above to the petitioner, or if the petitioner is not the owner, to the
		FORE, the <u>petitioner knowingly and willingly submits him/her/itself to the</u> <u>diction of this Court</u> and requests that the Court enter an order directing payment of
5. 6.		
1.		
[List a		ments that are attached, e.g., power of attorney, Assignment of Right, proof of prior sidence/location/ownership, court order, merger documents, probated will, etc.]
petitio		petitioner submits with this petition the following document(s) as proof of the lentity and status, and the owner's claim of entitlement:
	()	as the personal representative of the owner's estate.
	()	as the owner's successor in interest evidenced in the attached identifying documents; or
	()	as the assignee of the owner's claim to said funds evidenced in the attached notarized Assignment of Right;
	()	as the owner's attorney at law, with authorization to receive said funds;
	()	as the owner of the claim evidenced in (1) the attached document(s) proving identity and (2) proof of the address used in the original Proof of Claim filed with the Court;

NOTARY PUBLIC

State/Commonwealth of	
County of	
The above named	personally appeared
before me. She/he is known to me to be and he/she acknowledges the foregoing	the person holding the office and authority represented to be his/her free act.
DATE:	
	(Notary Public)
	My commission expires:
(Notary Seal) ¹	

¹ For documents signed and notarized outside the United States, please contact the Embassy of the country of origin (where you are having the document notarized) for assistance

IMPORTANT NOTE:

The person or entity petitioning the Court for payment of the unclaimed funds MUST send a copy of this petition and all attachments to the entities listed below, complete the Certificate of Service below and send it to the Court with the Petition. Failure to complete the Certificate of Service will delay the review and processing of your request.

CERTIFICATE OF SERVICE

The petitioner mailed a copy of this petition and all attachments to	The	petitioner	mailed a	copy	of this	petition a	nd all	attachments	to
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etitioner mailed a copy of this petition and all attachments to:
United States Attorney * District of Massachusetts U.S. Courthouse 1 Courthouse Way, Suite 9200 Boston, MA 02210
The Trustee * in the case at:
The Office of the United States Trustee * at the appropriate address
For the Boston Office (Case # begins with "1" (e.g., 14-10000):
Office of the United States Trustee John. W. McCormack Post Office and Court House 5 Post Office Square, Suite 1000 Boston, MA 02109-3934
For the Worcester and Springfield Offices (Case # begins with "4" or "3" (e.g., 14-40000 or 14-30000):
Office of the United States Trustee
446 Main Street, 14th Floor Worcester, MA 01608

^{*} Indicates a copy of this petition must be sent to this entity.

This petition and ALL atta	chments were mailed postage paid to the above noted parties on:
(Date)	NAME - TYPED/PRINTED
(Dute)	(Signature)

NOTICE OF RESPONSE TIME

Within twenty-one (21) days after service of this notice, and an additional three (3) days pursuant to Fed. R. Bankr. P. 9006(f) (if you were served by mail), any party against whom this petition has been served, or any other party to the action who objects to the relief sought herein, shall serve and file an objection or other appropriate response to this paper with the:

Clerk's Office
U.S. Bankruptcy Court
John W. McCormack Post Office and Court House
5 Post Office Square, Suite 1150
Boston, MA 02109-3945
Telephone: (617)748-6610 or (617)748-6607

If no objection or other response is timely filed within the time allowed herein, the paper will be deemed unopposed and will be granted, unless: (1) the requested relief is forbidden by law; (2) the requested relief is against public policy; (3) the petitioner has failed to provide adequate proof of ownership or settlement; or (4) in the opinion of the Court, the interest of justice requires otherwise.

CORPORATE/BUSINESS IDENTIFICATION FORM FOR UNCLAIMED FUNDS

Case Name		
Case No	Amount of dividend/refu	and
	vas previously issued in your name check was not cashed and has been	
	to the proper party, please fill out to on this form and mail it with a co	
Upon receipt of the compleheld by the Court will be processe ownership or transfer of ownership or the consent of the subsidiary by	U.S. Bankruptcy Court Attn: Finance Department IcCormack Post Office and Court H Post Office Square, Suite 1150 Boston, MA 02109-3945 eted documents, your request for pa d. Please note that additional docu p may be required. For example, ab y a duly authorized officer of the suite of the s	ayment of unclaimed funds amentation or proof of esent evidence of a merger bisidiary, a parent
-	nority to collect the receivables of the	·
	of	
(Title)	(F	Business Name)
and I am authorized to request pay	ment of the above dividend.	
(Corporate Seal)	(Signature)	
Subscribed and sworn to b	efore me in	
this day of	(City/Town) 	(State)
Notary Seal ²	1)	Notary Public Signature)
	My Commission Expire	s:

² For documents signed and notarized outside the United States, please contact the Embassy of the country of origin (where you are having the document notarized) for assistance.

CORPORATE OFFICER'S CERTIFICATE OF AUTHORITY

Case Name	
Case No	Amount of dividend/refund
I.	of .
(Name of Corporate Officer)	of (Title)
	, hereby certify that
(Corporation)	is south swime of the
(Name)	, is authorized to (Title)
execute any and all documents pertaining	g to the recovery of undistributed, undelivered,
abandoned or unclaimed funds belonging	z to
	(Corporation)
or any of its entities or predecessors, held	by the United States.
(Signature Corporate Officer)	
	3
(Print Name and Title)	
NO	OTARY PUBLIC
State/Commonwealth of	
County of	
The above named	personally
appeared before me and is personally known	own to me to be the person described in and holding the
position designated and whose name is s	subscribed to the foregoing instrument acknowledged to
me that (he)(she) executed the same in (h	is)(her) authorized capacity and acknowledged the
execution thereof to be (his) (her) free ac	t and deed.
DATE:	
	(Notary Public)
(Notary Seal) ⁴	
	My commission expires:
	iviy commission expires.

 ³ Please include government issued photo ID with statement.
 ⁴ For documents signed and notarized outside the United States, please contact the Embassy of the country of origin (where you are having the document notarized) for assistance.

INDIVIDUAL IDENTIFICATION FORM FOR UNCLAIMED FUNDS

Case Name	
Case No	Amount of dividend/refund
	d check was previously issued in your name in accordance with an Order check was not cashed and has been deposited with the United States
	e payment to the proper party, please fill out the identification portion on to opy of a government issued photo ID to:
	U.S. Bankruptcy Court Attn: Finance Department John W. McCormack Post Office and Court House 5 Post Office Square, Suite 1150 Boston, MA 02109-3945
Unan massint of	he completed document your request for payment of unclaimed funds held essed. Please note that additional documentation or proof of ownership of
by the Court will be pro	
by the Court will be pro transfer of ownership m I, am a creditor/debtor in t	
by the Court will be pro transfer of ownership m I, am a creditor/debtor in t dividend/refund check.	y be required, hereby state the ne above-named proceeding and request payment of my unclaimed
by the Court will be pro transfer of ownership m I, am a creditor/debtor in t dividend/refund check. Old Address	y be required, hereby state the
by the Court will be pro transfer of ownership m I, am a creditor/debtor in t dividend/refund check. Old Address	y be required, hereby state the seabove-named proceeding and request payment of my unclaimed
by the Court will be pro transfer of ownership m I, am a creditor/debtor in t dividend/refund check. Old Address	y be required, hereby state the seabove-named proceeding and request payment of my unclaimed
by the Court will be protransfer of ownership m I, am a creditor/debtor in the dividend/refund check. Old Address Current Address Driver's license no	y be required
by the Court will be protransfer of ownership m I, am a creditor/debtor in the dividend/refund check. Old Address Current Address Driver's license no	y be required
by the Court will be protransfer of ownership m I,	y be required

⁵ For documents signed and notarized outside the United States, please contact the Embassy of the country of origin (where you are having the document notarized) for assistance.

In re:)	Case No.
)	Chapter
Debtor))	
ORDER APPR	OVING PAYME	NT OF UNCLAIMED FUNDS
made payable to		ividend check in the amount of \$, a creditor/the debtor in this easury and credited to the Unclaimed
•	t, and that the prop	per recipient(s) for said funds having now
		f the Bankruptcy Court shall disburse said ed States to the claimant herein in the
	Payee N	Tame
	Addre	ess
Dated:		BY THE COURT
		United States Bankruptcy Judge